



IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re application of: BAILEY III et al.

Attorney Docket No.:
LAM1P124D1/P0558D

Application No.: 09/943,806

Examiner: ALEJANDERO
MULERO, Luz L.

Filed: August 30, 2001

Group: 1763

Title: TEMPERATURE CONTROL SYSTEM
FOR PLASMA PROCESSING APPARATUS

CERTIFICATE OF MAILING

I hereby certify that this correspondence is being deposited with the United States Postal Service as First Class Mail to: Mail Stop AF, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on January 14, 2004.

Signed: Sue Funchess
Sue Funchess

AMENDMENT E

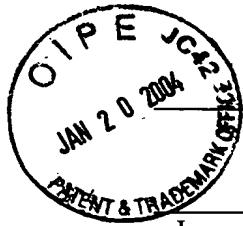
Mail Stop AF
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

This Amendment is in response to the Final Office Action mailed November 14, 2003. Applicants respectfully request entry of the following amendments and reconsideration of this application on that basis.

Amendments to the Claims are reflected in the listing of claims which begins on page 2 of this paper.

Remarks/Arguments begin on page 6 of this paper.



Image

AF
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AMENDMENT E TRANSMITTAL

Commissioner for Patents
Alexandria, VA 22313-1450

Sir:

Transmitted herewith is an Amendment in the above-identified application. The fee has been calculated as shown below.

	Claims After Amendment		Highest Previously Paid For	Present Extra	Small Entity Rate Fee	Large Entity Rate Fee
Total Claims	15	MINUS	20	0	x 9 =	x 18 = \$-0-
Independent Claims	03	MINUS	03	0	x 42 =	x 84 = \$-0-
Multiple Dependent Claim Present and Fee Not Previously Paid				\$140.00	\$280.00	
				Total	\$	\$0.00

- Applicant(s) hereby petition for a _____ month extension(s) of time to respond to the aforementioned Office Action.
- Applicant(s) believe that no (additional) Extension of Time is required; however, if it is determined that such an extension is required, Applicant(s) hereby petition that such an extension be granted and authorize the Commissioner to charge the required fees for an Extension of Time under 37 CFR 1.136 to Deposit Account No. 50-0388 (Order No. LAM1P124D1).
- Enclosed is our Check No. _____ in the amount of \$_____ to cover the additional claim fee and/or extension of time fees.
- Please charge the required fees, or any additional fees required to facilitate filing the enclosed response, to Deposit Account No. 50-0388 (Order No. LAM1P124D1).

Respectfully submitted,
BEYER WEAVER & THOMAS, LLP

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